



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 19, 2006

Stacie Kaes, Administrator
Magic Valley Manor Assisted Living
PO Box 306
Wendell, ID 83355

License #: RC-671

Dear Ms. Kaes:

On September 8, 2006, a survey was conducted at Magic Valley Manor - Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Residential Community Care Program

CL/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 14, 2006

Stacie Kaes, Administrator
Magic Valley Manor - Assisted Living
PO Box 306
Wendell, ID 83355

FILE COPY

Dear Ms. Kaes:

On September 8, 2006, a life safety code survey was conducted at Magic Valley Manor - Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R671	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2006
NAME OF PROVIDER OR SUPPLIER MAGIC VALLEY MANOR - ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 210 N IDAHO WENDELL, ID 83355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Sept 8, 2006. The surveyors conducting the survey were:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Chris Laumann Fire/ Life Safety Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

RP1421

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Magic Valley Manor	Physical Address 210 N Idaho	Phone Number (208) 536-6623
Administrator Kathy Adams	City Wendell	ZIP Code 83355
Survey Team Leader Chris Laumann	Survey Type Fire/ Life Safety	Survey Date 8 Sept 2006

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.02	Fire alarm	
1	16.03.22.415.04	Fire alarm Smoke detection System maintenance. Annual fire alarm certification documentation could not be produced.	9/22/06
2	16.03.22.405.02	Fire alarm flow alarm. Annual certification documentation of Sprinkler system stated that the alarm would not activate when flow test was conducted. Alarm is not activating when water flows through the sprinkler system.	9/22/06
3	16.03.22.402	Fire and Life safety requirements: Stire foam barrier was found being used as a deflector attached to an HVAC vent duct. Rear exit was found to not provide any illumination of MEANS of egress to the exterior landing.	9/8/06 9/22/06

RECEIVED
OCT 10 2006

Response Required Date 8 Oct 2006	Signature of Facility Representative Kathy Adams
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FACILITY STANDARDS